

Fill in this information to identify your case:

Debtor 1	Chenell Nyree Ragin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Pennsylvania			
Case number (if known)	5:18-bk-03570		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	New York State Taxation & Finance Department			
	Priority Creditor's Name	Last 4 digits of account number	\$ 6,000.00	\$ 0.00
	Harriman Campus Rd			\$ 6,000.00
	Number Street			
	Albany NY 12226			
	City State ZIP Code			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?	Type of PRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Domestic support obligations		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	Pennsylvania Department of Revenue	When was the debt incurred?		
2.2				
	Priority Creditor's Name	Last 4 digits of account number	\$ 3,000.00	\$ 0.00
	PO Box 281041			\$ 3,000.00
	Number Street			
	Harrisburg PA 17128			
	City State ZIP Code			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?	Type of PRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Domestic support obligations		
	Yes	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
		<input type="checkbox"/> Other. Specify		

Debtor 1

Chenell Nyree Ragin

First Name Middle Name

Last Name

Case number (if known) 5:18-bk-03570

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Blue Ridge Communications

Total claim

4.1

Nonpriority Creditor's Name

PO Box 316

Number Street

Last 4 digits of account number

\$ 500.00

When was the debt incurred?

Palmerton PA 18071

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No

Yes

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

4.2

Citi

Last 4 digits of account number 2298

\$ 1,061.00

When was the debt incurred? 2016

Nonpriority Creditor's Name

Po Box 6241

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

4.3

Country Club of the Poconos

Last 4 digits of account number

\$ 7,000.00

When was the debt incurred?

Nonpriority Creditor's Name

1445 Big Ridge Dr

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

East Stroudsburg PA 18302

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No

Yes

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			Total claim
4.4	Credit One Bank		
Nonpriority Creditor's Name		Last 4 digits of account number	8156
585 S. Pilot Street		When was the debt incurred?	2017
Number Street		<hr/>	
Las Vegas NV 89119		<hr/>	
City State ZIP Code		<hr/>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
First Premier Bank		Last 4 digits of account number	\$503.00
Nonpriority Creditor's Name		When was the debt incurred?	3427
PO Box 5524		2017	<hr/>
Number Street		<hr/>	
Sioux Falls SD 57117-5524		<hr/>	
City State ZIP Code		<hr/>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Geico		Last 4 digits of account number	\$1,000.00
Nonpriority Creditor's Name		When was the debt incurred?	<hr/>
5260 Western Avenue		<hr/>	
Number Street		<hr/>	
Chevy Chase MD 20815		<hr/>	
City State ZIP Code		<hr/>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.7	I C System		
Nonpriority Creditor's Name Po Box 64378 Number Street			Last 4 digits of account number 7850 \$ 765.00
Saint Paul MN 55164 City State ZIP Code			When was the debt incurred? 2017
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.8	Middle Smithfield Township		
Nonpriority Creditor's Name 147 Municipal Drive Number Street			Last 4 digits of account number \$ 4,000.00
East Stroudsburg PA 18302 City State ZIP Code			When was the debt incurred?
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.9	Penn Foster		
Nonpriority Creditor's Name 925 Oak St Number Street			Last 4 digits of account number \$ 500.00
Scranton PA 18515 City State ZIP Code			When was the debt incurred?
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.10	Reliant Capital	
Nonpriority Creditor's Name 670 Cross Pointe Rd		Last 4 digits of account number 6443
Number Street		\$ 100.00
Columbus OH 43230		
City State ZIP Code		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.11	Tolls By Mail	\$ 163.25
Nonpriority Creditor's Name PO Box 15183		Last 4 digits of account number
Number Street		When was the debt incurred?
City State ZIP Code 12221		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.12	Usd/Gleisi	\$ 21,044.00
Nonpriority Creditor's Name Po Box 7860		Last 4 digits of account number 8581
Number Street		When was the debt incurred? 2012
Madison WI 53704		
City State ZIP Code		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13	Wells Fargo Bank		
Nonpriority Creditor's Name Po Box 14517 Number Street			Last 4 digits of account number 0123 \$ 964.00
Des Moines IA 50306 City State ZIP Code			As of the date you file, the claim is: Check all that apply.
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Check if this claim is for a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
 			Last 4 digits of account number When was the debt incurred?
Nonpriority Creditor's Name Number Street			As of the date you file, the claim is: Check all that apply.
City State ZIP Code			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
Check if this claim is for a community debt			
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			Last 4 digits of account number When was the debt incurred?
 			As of the date you file, the claim is: Check all that apply.
Nonpriority Creditor's Name Number Street			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Debtor 1

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Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claim		
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 9,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00
6e. Total. Add lines 6a through 6d.	\$ 9,000.00	

Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ 21,544.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 16,640.25
	6j. Total. Add lines 6f through 6i.	\$ 38,184.25